2015-10-20-03-00029518

HAND DELIVERED

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVEMENTAL
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 OCT 15 PM 3: 14

| | | | | Off | ice Use Only |
|---|------------------|----------------------------|--|----------------------|--|
| NAME OF COMMITTEE (in full) | | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| LOPEZ4CONGRI | ESS | | | | |
| | للل | | | | |
| | السال | | 111111 | | |
| ADDRESS (number and street) | PO BO | X 295 | 1 1 1 1 1 1 1 | | |
| | سا | | | | |
| is oranges, | SCHO | HARIE LILIIII CITY A | | NY 121 STATE ▲ | ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRES | 3S | | | | |
| (Check if address is changed) | comp | liance@complianc | econsultingva.com | | 1.1.1.1.1.1.1 |
| | Optiona | al Second E-Mail Add | ress | | |
| | لب | <u> </u> | | | |
| | | | | • | |
| COMMITTEE'S WEB PAGE ADD | RESS (| JRL) | , | | |
| (Check if address is changed) | I ^{N/A} | | | | |
| k ⊴ is changed) | | | | | |
| | | | 1 | | |
| 2. DATE 10 09 2015 3. FEC IDENTIFICATION NUMBER • C | | | | | |
| 3. FEC IDENTIFICATION NU | MBER | ▶ C. | | · | SCT 20 |
| 4. IS THIS STATEMENT | NE\ | V (N) OR | AMENDED (A) | | TERRITOR DE LA COMPANIA DE LA COMPAN |
| I certify that I have examined th | is Staten | nent and to the best of | of my knowledge and belief it | is true, correct and | complete |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete | | | | | |
| Type or Print Name of Treasurer | CABE | LL HOBBS | | | |
| Signature of Treasurer | LL HOBB | 5 | | Date 10 | 09 / 2015 |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | | |
| Office Use | | | For further Information c Federal Election Commissi Toll Free 800-424-9530 | ontact: | FEC FORM 1 (Revised 06/2012) |

5.

| • | | , and the second | | | | | |
|----------------------|---------------------|--|--|--|--|--|--|
| | | OMMITTEE | | | | | |
| Candidate Committee: | | | | | | | |
| (a) | X | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | | |
| Name Cand | | PETER D. LOPEZ | | | | | |
| | lidate Affiliati | on REP Office State NY Sought: House D Senate President District | | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name Cand | | | | | | | |
| Part | ty Con | nmittee: | | | | | |
| (d) | | (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party. | | | | | |
| Poli | tical A | action Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: | | | | | |
| | | Corporation Corporation w/o Capital Stock Labor Organization | | | | | |
| ٠. | | Membership Organization Trade Association Cooperative | | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| | _ | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| Join | t Fund | draising Representative: | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | |
| | Com | nmittees Participating in Joint Fundraiser | | | | | |
| | 1. | FEC ID number | | | | | |
| | 2. | | | | | | |
| | 3. | FEC ID number | | | | | |
| | 4. | FEC ID number C | | | | | |

| 10 |
|----------|
| 2 0 |
| 03 |
| 00029520 |

| FEC Form 1 (Re | evised 02/2009) | . Page 3 | | | |
|--|--|---------------------------------------|--|--|--|
| Write or Type Committee Name | | | | | |
| LOPEZ4CO | NGRESS | • | | | |
| 6. Name of Any Conne | ected Organization, Affiliated Committee, Joint Fundraising Represent | tative, or Leadership PAC Sponsor | | | |
| NONE | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | CITY STA | ATE ZIP CODE | | | |
| Relationship: Co | nnected Organization Affiliated Committee Joint Fundraising Repr | esentative Leadership PAC Sponsor | | | |
| 7. Custodian of Record books and records. | ds: Identify by name, address (phone number optional) and position of | the person in possession of committee | | | |
| CA | ABELL HOBBS | | | | |
| Full Name | ,PO BOX 295 | | | | |
| Mailing Address | 10 50 253 | | | | |
| • | | | | | |
| | SCHOHARIE | Y 12157 | | | |
| Title or Position | CITY STAT | TE ZIP CODE | | | |
| TREASURER | Telephone number | | | | |
| 8. Treasurer : List the na any designated agent | ame and address (phone number optional) of the treasurer of the comi (e.g., assistant treasurer). | mittee; and the name and address of | | | |
| 1 411 1141110 | BELL HOBBS | | | | |
| of Treasurer | IPO BOX 295 | | | | |
| Mailing Address | | | | | |
| | | | | | |
| · | | Y 12157 | | | |
| Title or Position TREASURER | CITY STAT Telephone number | E ZIP CODE | | | |
| | reiephone number | | | | |

Page 4

FEC Form 1 (Revised 02/2009)

Full Name of

Hand Delivered

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

| Hand Delivered | Date of Receipt |
|--|-------------------------------------|
| Postmarked USPS First Class Mail | Date of Receipt |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| USPS Priority Mail Express | Postmarked |
| Postmark Illegible | |
| No Postmark | |
| Overnight Delivery Service (Specify): Next B | Shipping Date Business Day Delivery |
| Received from House Records & Registration Offic | Date of Receipt e |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | te of Receipt or Postmarked |
| PREPARER (2/2015) | 10/20/15 DATE PREPARED |
| (3/2015) | |